FOR INSTRUCTIONS, SEE BACK OF FORM
This form is not applicable to statutory political committees.

## **Notice of Dissolution**

Every Notice of Dissolution shall be accompanied by a completed Disclosure Report Form current to the date of dissolution.

FORM	(Rev. 02/96)
DR-3	
NOTICE OF DISSOLUTION	
For Office Use Only	
Comm. #	_
Indexed	
Audited	
Computer	
Certified Date of Dissolution	

1	COMMITTEE NAME
and I	I Official Name of Committee
	Doug Barchellar For School Deard
	Street
	2402 W. Solway  City, State, Zip Code
	City, State, Zip Code
	SIDUX CITY FOWA 5 1104  Area Telephone
	Area Telephone Code
	712 277-2812
	Effective date of dissolution:
	OCT 9-2003, m
	seve Holy b
	Signature of Treasurer
	1605, doc3
	Date Signed '

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

the candidate, certify that my candidate committee's cash balance is zero, all debts, obligations and loans have been paid or satisfied in accordance with law as shown on my committee's final report and all campaign property and leftover funds have been distributed in accordance with my committee's last filed Statement of Organization.

Signature of Candidate - Bossined for Candidate's Committee

Date staned

## WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of the committee's dissolution, with a copy of the final bank statement attached.